### Texas Emissions Reduction Plan (TERP) Request for Reimbursement (RFR) Forms



To Be Used for the Following Grant Programs:

**Emissions Reduction Incentive Grant (ERIG) Program** 

**Rebate Grant Program** 

**Texas Clean Fleet (CF) Program** 

**Drayage Truck Incentive Program (DTIP)** 

Texas Commission on Environmental Quality (TCEQ)

**Air Quality Division** 

**Implementation Grants Section** 

**Texas Emissions Reduction Plan (TERP)** 

Questions? Please Call 1-800-919-TERP (8377)

For the current version of the Forms and Instructions: www.terpgrants.org

### Texas Emissions Reduction Plan (TERP) Request for Reimbursement (RFR) Forms

(For ERIG, Rebate, Clean Fleet and Drayage Grant Programs)

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## TEXAS EMISSIONS REDUCTION PLAN (TERP) REQUEST FOR REIMBURSEMENT (RFR) - FORM 1

<b>GRANT PROGRAM</b> (Enter ERIG, Rebate, Clean Fleet or Drayage to identify the Grant Program):		
SECTION 1: CC	NTRACT INFORMATION	
1. TCEQ Contract # (as identified in your contract):		
<b>2. Performing Party Name</b> (as identified in your contract):		
<b>3. Total Amount of TCEQ Grant</b> (as identified in your contract and per any Amendments):		
4. Total Amount Requested with this RFR:		
5. Total # of Activities on the Contract:		
<b>6. Activity</b> # <b>'s on this RFR</b> (use 3-digits for each Activity #):		
7. Final Request for the Contract? ("Yes" or "No"):		
SECTION 2: NOTI	FICATION OF ASSIGNMENT	
8. Is payment Assigned? Indicate "Yes" or "No" per "Assignment Determination" in the instructions:		
	MBURSEMENT DIRECTLY TO PERFORMING PARTY	
9. Performing Party's Mailing Address (Complete C	ONLY if "No" is indicated on Line 8 above)	
9a. In Care Of:		
9b. Attention:		
9c. Address:		
9d. Address 2:		
9e. City:		
9f. State:		
9g. Zip Code +4:		
SECTION 4: PERFORMING PARTY'S CERTIFICATION (This Section MUST be completed with EVERY RFR)		
10. I certify to the best of my knowledge and belief, that all of the information contained in this Request for Reimbursement, including all forms and all supporting documentation, is correct, accurate and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award contract document.		
10a. Printed Name of Performing Party's		
Authorized Representative: 10b. Signature of Performing Party's Authorized		
Representative:		
10c. Date of Signature:		
SECTION 5: RELEASE OF CLAIMS (Complete	this section only if this is the Final Request (Line 7 is "Yes")	
11. Subject to receiving all reimbursement due an	d payable to date, the Performing Party hereby releases all	
claims against the TCEQ and its officers, agents, and employees, from any and all claims arising under, or by		
virtue of, the contract with the Performing Party	listed above.	
11a. Printed Name of Performing Party's Authorized Representative:		
11b. Signature of Performing Party's Authorized		
Representative:		
11c. Date of Signature:		

## TEXAS EMISSIONS REDUCTION PLAN (TERP) REQUEST FOR REIMBURSEMENT (RFR) - FORM 1a: ASSIGNMENT FOR ALL TERP GRANT PROGRAMS

Complete this Form ONLY if the reimbursement payment is to be Assigned (Form 1, Line 8 is "Yes"). By their signature below, the Performing Party is directing the TCEQ to send the Grant Reimbursement Payment directly to the Assignee indicated below. The Assignee, on the basis of their signature below, is accepting the Assignment of the Grant money and is agreeing to the requirements and stipulations per Line 5 below.

1. TCEQ Contract # (as identified on Form 1, Line

1):

<b>2. Performing Party Name</b> (as identified on Form 1, Line 2):		
<b>3. Amount Requested with this RFR</b> (as identified on Form 1, Line 4):		
4. ASSIGNMENT MAILING ADDRESS: The Mailing Address for the Assignee is to be provided on the separate "Assignment Information" Form.		
5. ASSIGNMENT REQUEST AND ACCEPTANCE SECTION		
Line 5: I, (Printed Name of Performing Party's Authorized Representative (Line 5a)), by this document hereby provide Notice of Assignment to the Texas Commission on Environmental Quality (TCEQ) of the assignment to (Name of Assignee (Line 5d)) of the payment, not to exceed (Amount Requested to be Assigned with this RFR (Line 3)), for the reimbursement of the associated eligible costs of acquiring the activity/activities identified in the grant contract executed between (Performing Party Name (Line 2)) and the TCEQ for award of a TERP Grant. Upon review and approval of the submitted required reimbursement forms and required supporting documentation, please forward the payment to (Assignee Name (Line 5d)).		
By signing below, the (Assignee's Authorized Representative (Line 5e)) hereby accepts the payment assignment on behalf of (Assignee Name (Line 5d)) and agrees that upon receipt of the grant funds, all funds will be applied both: a) as a lump sum at the time of receipt, and b) strictly to the principal of the related loan or to the principal basis of the related lease agreement, as applicable, and not to any finance or interest charges or fees.		
If a Performing Party owes any amounts to the TCEQ or the State of Texas, the State can hold payment until the debt is satisfied. This includes payments that a Performing Party has requested to be Assigned to a Third Party. If the Performing Party opts to satisfy the debt out of the grant funds, the assigned payment will be reduced accordingly. Any remaining obligations to the Assignee in such a situation are solely the responsibility of the Performing Party.		
<b>5a. Printed Name of Performing Party's Authorized Representative</b> (per Form 1, Line 10a):		
<b>5b. Signature of Performing Party's Authorized Representative</b> (Signature of person identified on Line 5a):		
5c. Date of Performing Party's Authorized Representative's Signature:		
5d. Printed Name of Assignee:		
5e. Printed Name of Assignee's Authorized Representative:		
<b>5f. Signature of Assignee's Authorized Representative</b> (Signature of person identified on Line 5e):		
5g. Date of Assignee's Authorized Representative's Signature:		

## TEXAS EMISSIONS REDUCTION PLAN (TERP) ASSIGNMENT INFORMATION FORM FOR ALL TERP GRANT PROGRAMS

This Form should only to be used when Assigning payment. All blanks should be completed with the possible exception of Lines 2b and/or 2c and/or 2e. Make sure to provide complete, current and accurate information for the Mailing Address associated with the entity that is to receive the reimbursement payment. Payments are sent strictly via regular mail by the USPS.

<b>1. Performing Party's Name</b> (As identified on Form 1, Line 2):	
<b>2. Assignee Name Mailing Address</b> Enter the Address of the entity to whom assignment is breimbursement payment.	information below (on Lines 2a - 2h) for the Mailing being made, i.e. the entity that is to receive the
<b>2a. Assignee Entity Name</b> (Enter the name of the entity to whom assignment is being made):	
<b>2b. Assignee In Care Of</b> (If the payment should be sent In Care Of a particular individual or entity, enter the name of the appropriate person or entity):	
<b>2c. Assignee Attention</b> (If the payment should be sent to the attention of a particular individual or department, enter the name of that person or department):	
<b>2d. Assignee Mailing Address</b> (Enter the Mailing Address (Number and Street or PO Box) of where the reimbursement payment is to be mailed):	
<b>2e. Assignee Mailing Address 2</b> (Suite #, Floor #, Building #, etc., if applicable):	
<b>2f. Assignee Mailing City</b> (Enter the city associated with the Mailing Address):	
<b>2g. Assignee Mailing State</b> (Enter the state associated with the Mailing Address):	
<b>2h. Assignee Mailing Zip Code +4</b> (Enter the 5-digit zip code, plus the +4 code if known, associated with the Mailing Address):	

Questions? Please call 1-800-TERP (8377)

# TEXAS EMISSIONS REDUCTION PLAN (TERP) FOR ERIG, REBATE, CLEAN FLEET AND DRAYAGE GRANT PROGRAMS FORM 2a - REPLACEMENT ACTIVITY

INCREMENTAL COST CALCULATION and NEW VEHICLE/EQUIPMENT AND NEW ENGINE INFORMATION

REMINDER: The Performing Party must have completed the transaction and taken possession of the new vehicle/equipment prior to requesting reimbursement.

1. TCEQ Contract #:		
2. Performing Party Name:		
<b>3. Activity</b> # <b>Associated with this Form 2a</b> (Use the 3-digit #):		
4. Approved Grant Amount for this Activity:		
5. INCREMENTAL COST CALCULATION (Refer to instructions for guidance)		
5a. New Vehicle/Equipment Reimbursable Costs:		
5b. GPS Equipment and Installation Costs:		
<b>5c. Scrap Value</b> (Default is \$1000 for Replacement projects):		
5d. Other Financial Incentives Received or to be Received:		
<b>5e. Incremental Cost Calculation</b> (Lines 5a + 5b - 5c - 5d = 5e):		
<b>5f. Eligible Reimbursable Amount Calculation</b> (Line $5e \times 0.80$ . Round down to the nearest penny):		
<b>6. Actual Amount to be Reimbursed for this Activity</b> (The lesser amount of Line 4 or Line 5f):		
7. SUPPORTING DOCUMENTAT	TION (Refer to instructions for guidance):	
7a. Proof of Purchase (Invoice(s), Bill(s) of Sale, Purchase On	der(s), etc.):	
<b>7b. Proof of Payment</b> (Copy of: wire transfer(s), cashier's che cancelled check(s), credit card statement(s), etc.):	neck(s), front and back of	
<b>7c. Proof of Finance/Lease/Trade-In</b> (Copy of all pages of: agreement(s), specs for trade-in vehicle/equipment):	finance agreement(s), lease	
8. NEW VEHICLE/EQUIPMENT AND NEW ENGINE INFORMATION		
8a. New Vehicle/Equipment Model Year:		
8b. New Vehicle/Equipment Manufacturer:		
8c. New Vehicle/Equipment Model:		
8d. New Vehicle/Equipment VIN or Serial #:		
8e. New Engine Manufacture Year:		
8f. New Engine Manufacturer:		
8g. New Engine Model:		
8h. New Engine Serial #:		
8i. New Engine Family Code (EFC):		
9. Date of Possession of New Vehicle/Equipment by Performing Party (mm/dd/yyyy):		

### TEXAS EMISSIONS REDUCTION PLAN (TERP) FOR ERIG AND REBATE GRANT PROGRAMS

#### FORM 2b - REPOWER ACTIVITY (FOR ERIG AND REBATE GRANTS ONLY)

INCREMENTAL COST CALCULATION and OLD VEHICLE/EQUIPMENT AND NEW ENGINE INFORMATION

REMINDER: The Repower must be completed and the vehicle/equipment powered by the NEW engine must be operational and placed back in service prior to requesting reimbursement. 1. TCEQ Contract #: 2. Performing Party Name: **3. Activity** # **Associated with this Form 2b** (Use the 3-digit #): 4. Approved Grant Amount for this Activity: 5. INCREMENTAL COST CALCULATION (Refer to instructions for guidance) 5a. New Engine Reimbursable Costs: 5b. Additional Equipment: 5c. Installation: 5d. Parts and Supplies: 5e. GPS Equipment and Installation Costs: **5f. Scrap Value** (Default is \$200 for Repower projects): 5g. Other Financial Incentives Received or to be Received: **5h.** Incremental Cost Calculation (Lines 5a + 5b + 5c + 5d + 5e - 5f - 5g = 5h): **5i.** Eligible Reimbursable Amount Calculation (Line  $5h \times 0.80 = 5i$ . Round down to the nearest penny): 6. Actual Amount to be Reimbursed for this Activity (The lesser amount of Line 4 or Line 5i): 7. SUPPORTING DOCUMENTATION (Refer to instructions for guidance): **7a. Proof of Purchase** (Invoice(s), Bill(s) of Sale, Purchase Order(s), etc.): **7b. Proof of Payment** (Copy of: wire transfer(s), cashier's check(s), front and back of cancelled check(s), credit card statement(s), etc.): 7c. Proof of Finance/Lease/Trade-In (Copy of all pages of: finance agreement(s), lease agreement(s), specs for trade-in vehicle/equipment): 8. OLD VEHICLE/EQUIPMENT AND NEW ENGINE INFORMATION 8a. Old Vehicle/Equipment Model Year: 8b. Old Vehicle/Equipment Manufacturer: 8c. Old Vehicle/Equipment Model: 8d. Old Vehicle/Equipment VIN or Serial #: 8e. New Engine Manufacture Year: 8f. New Engine Manufacturer: 8g. New Engine Model: 8h. New Engine Serial #:

(mm/dd/yyyy):

8i. New Engine Family Code (EFC):

9. Date the Repowered Vehicle/Equipment was Placed Back in Service

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 1)

#### STEP 1: READ THE FOLLOWING:

At any time during the completion of the RFR forms, please do not hesitate to contact us at 1-800-919-TERP (8377) should you have questions.

#### Before submitting a Request for Reimbursement (RFR), you must have:

- A. Completed at least one grant activity associated with your contract;
- B. Incurred and paid 100% of the costs associated with the activity by having paid the costs directly or by entering into a finance/lease agreement with a 3rd Party (i.e. a bank, a financing entity, a leasing entity, etc.), or by a combination of these actions;
- C. For Replacement projects, taken possession of the new vehicle or equipment for which you are requesting reimbursement; for Repower projects, the new engine must be installed and the associated vehicle/equipment must be operational and have been placed back into service;
- D. "Executed" (signed by both parties) the finance/lease agreement if financing/leasing is utilized; and
- E. "Funded" (the finance/lease entity paid the dealer for the vehicle or equipment) the finance/lease agreement;
- F. "Assigned" (via Form 1, Form 1a and the Assignment Information Form) the reimbursement payment directly to the 3rd Party (i.e. bank, finance company, lease company, etc.) involved in the funding of the activity/activities associated with this RFR, or to the Dealer if the Dealer is utilizing the grant funds as a "down payment" (see additional information below for Form 1, Form 1a and the Assignment Information Form);
- G. Gathered supporting documentation of all costs associated with your request. The documentation requirements are located in these instructions;
- H. Verified that the same person who signed the Contract (Performing Party's Authorized Representative) also signed the RFR Forms;
- I. Made sure that <u>all</u> applicable signature lines on RFR Form 1, and on Form 1a (if applicable), contain original signatures, in blue ink; and
- J. Taken the time to read each Form and follow all of the provided instructions.

#### STEP 2: COMPLETE FORM 1 - REQUEST FOR REIMBURSEMENT (RFR):

Use the following line-by-line instructions to assist in correctly completing Form 1. Form 1 MUST be completed and submitted with EACH RFR.

- **Section 1. Contract Information (Lines 1 7)** Refer to your TCEQ TERP Grant contract for much of this information.
- **Line 1. TCEQ Contract Number:** Enter the 14-digit contract # indicated on the Signature Page of the contract.
- **Line 2. Performing Party Name:** Enter the "Performing Party Name" as indicated on the Signature Page of the contract.
- **Line 3. Total Amount of TCEQ Grant:** Enter the Total Contract Amount indicated on the Signature Page of the contract. This amount is the total for ALL of the activities on the contract. Remember to take into account any executed amendments that may have reduced the grant.
- **Line 4. Total Amount Requested with this RFR:** Enter the total amount requested with this RFR only. This amount should equal the total of all Forms 2a or 2b included with this RFR. Remember to consider any executed amendments related to the activities associated with this RFR.
- **Line 5. Total** # **of Activities on the Contract:** Indicate the total number of activities on the Contract.
- **Line 6. Activity #'s on this RFR:** List the activity #'s that are included with this RFR (ALWAYS use 3-digits, i.e. 001,002, 003 or 001 003, or 001, 004, 007-009, 012, etc.).
- **Line 7. Final Request for the Contract?:** If this is the <u>final</u> RFR to be submitted for this <u>contract</u>, enter "Yes". If there are additional activities on the contract still to be reimbursed, enter "No". "No" indicates that at least one more RFR will be submitted for this contract.

## TEXAS EMISSIONS REDUCTION PLAN (TERP) GRANT PROGRAM FOR ERIG, REBATE, CLEAN FLEET AND DRAYAGE GRANT PROGRAMS INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 2)

The instructions for Form 1 continue below...

Section 2: Notification of Assignment (Line 8)

**Line 8 "Assignment Determination":** If the Performing Party paid all costs for the activity from their own funds AND did not utilize a loan, lease or other financial agreement or assistance, AND the grant funds are not being used as a "down payment" by the Dealer, then the grant payment can be paid directly to the Performing Party. If this is the case, make sure Section 3, Lines 9a - 9g are completed after entering "No" on Line 8. Then proceed with Section 4, and then Section 5, if applicable.

If the Performing Party did utilize a loan, lease or other financial agreement or assistance, OR if the grant funds are being used as a "down payment" by the Dealer, then the payment MUST be <u>Assigned</u> to the entity providing the loan, lease or other financial agreement or assistance, or to the Dealer. The payment will be sent directly to that entity on behalf of the Performing Party. If this is the case, enter "Yes" on Line 8. Skip Section 3 on Form 1, but complete the two separate forms: 1) Form 1a: Assignment, and 2) the Assignment Information Form. Please make sure that the information provided on the Assignment Information Form, Lines 2a - 2h, is associated with a correct <u>Mailing Address</u> per the USPS. All reimbursement payments are sent strictly by regular mail through the USPS. Remember to then return to Form 1 and complete Section 4 and Section 5, if applicable.

#### Section 3: Mailing Address for Reimbursement Directly to the Performing Party (Lines 9 - 9g).

Complete Lines 9a - 9g ONLY if the reimbursement payment associated with this Request for Reimbursement (RFR) is being made directly to the Performing Party and it is NOT being Assigned. If the payment is being Assigned, skip Section 3 and continue with Section 4. Then complete Section 5, if applicable.

For Lines 9a - 9g, please provide a current, complete and accurate Mailing Address, per the USPS, for the Performing Party. All reimbursement payments are sent strictly by regular mail through the USPS.

**Line 9a. In Care Of:** Enter the name of the entity or individual to which the payment should be sent "In Care Of" when mailed, if applicable.

**Line 9b. Attention:** Enter the name of the entity or individual to which the payment should be sent to the "Attention of" when mailed, if applicable.

**Line 9c. Address:** Enter the Mailing Address (Number and Street or PO Box) of the Performing Party for where the reimbursement payment is to be mailed.

**Line 9d.** Address 2: Enter the Suite #, Floor #, Building #, etc. associated with this Mailing Address, if applicable.

Line 9e. City: Enter the City associated with this Mailing Address.

**Line 9f. State:** Enter the State associated with this Mailing Address.

Line 9g. Zip Code +4: Enter the Zip Code associated with this Mailing Address. Include the +4 zip if known.

**Section 4. Performing Party Certification (Lines 10 - 10C).** This Section MUST be completed with EVERY RFR submitted!

**Line 10.** Please read this statement carefully so that you understand what you are certifying to with your printed name, signature and signature date that follows.

**Line 10a. Printed Name of Performing Party's Authorized Representative:** Print the name of the Performing Party's Authorized Representative as identified on the Signature Page of the contract.

**Line 10ba. Signature of Performing Party's Authorized Representative:** Signature of the person identified on Line 10a. Please use blue ink.

**Line 10c. Date of Signature:** Enter the date that Line 10b was signed.

**Section 5: Release of Claims (Lines 11 - 11c).** This Section is to be completed ONLY if this is the final RFR that is to be submitted for the contract.

**Line 11.** Please read this statement carefully so that you understand what you are certifying to with your printed name, signature and signature date that follows.

**Line 11a. Printed Name of Performing Party's Authorized Representative:** Print the name of the Performing Party's Authorized Representative as identified on Line 10a above.

**Line 11b. Signature of Performing Party's Authorized Representative:** The person identified on Lines 10a and 11a, and who signed Line 10b, must sign here. Please use blue ink. The signature certifies that you acknowledge and agree to the statement on Line 11.

**Line 11c. Date of Signature:** Enter the date that Line 11b was signed.

END OF THE INSTRUCTIONS FOR FORM 1

#### INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 3)

#### STEP 3: COMPLETE FORM 1a: ASSIGNMENT (if applicable)

Form 1a: Assignment is only to be completed if Form 1, Line 8 is "Yes". Also be sure to complete the Assignment Information Form.

IMPORTANT NOTE: Both the Performing Party's Authorized Representative AND the Assignee's Authorized Representative MUST read the statement on Line 5 on Form 1a. Both the Performing Party's Authorized Representative and the Assignee's Authorized Representative must acknowledge understanding and acceptance of the Assignment by signing on Lines 5b. and 5f., respectively.

- **Line 1. TCEQ Contract** #: Enter the contract number indicated on Form 1, Line 1.
- **Line 2. Performing Party Name:** Enter the name of the Performing Party as indicated on Form 1, Line 2.
- **Line 3. Amount Requested with this RFR:** Enter the amount requested as indicated on Form 1, Line 4. The amount should be the total of ALL Forms 2a or Forms 2b associated with this RFR.
- **Line 4.** The appropriate Mailing Address will be identified on the separate Assignment Information Form.
- **Line 5a. Printed Name of Performing Party's Authorized Representative:** Print the name of the Performing Party's Authorized Representative as identified on Form 1, Line 10a.
- **Line 5b. Signature of Performing Party's Authorized Representative:** Signature of the person identified on Line 5a. Please use blue ink.
- **Line 5c. Date of Signature:** Enter the date that Line 5b was signed.
- **Line 5d. Printed Name of Assignee:** Print the name of the "Assignee". This is the name of the entity that is to receive the reimbursement payment. Typically, this will be a name of an "entity" and not an individual.
- **Line 5e. Printed Name of Assignee's Authorized Representative:** Print the name of the Assignee's Authorized Representative. This should be the name of an individual.
- **Line 5f. Signature of Assignee's Authorized Representative:** Signature of the person identified on Line 5e. Please use blue ink.
- Line 5g. Date of Assignee's Authorized Representative's Signature: Enter the date Line 5f was signed.

#### END OF THE INSTRUCTIONS FOR FORM 1a: ASSIGNMENT

#### STEP 4: COMPLETE THE ASSIGNMENT INFORMATION FORM (if applicable)

The Assignment Information Form is only to be completed if Form 1, Line 8 is "Yes". Also be sure to complete Form 1a: Assignment.

- **Line 1. Performing Party's Name:** Enter the name of the Performing Party as indicated on Form 1, Line 2.
- **Line 2. Assignee Mailing Address:** When completing the Assignment Information Form, be sure to provide current and accurate information for a USPS <u>Mailing Address</u>. All reimbursement payments are sent strictly by regular mail via the USPS.
- **Line 2a. Assignee Entity Name:** Enter the name of the entity that is to receive the reimbursement payment.
- Typically, this will be a name of an "entity" and not an individual. This name should match Form 1a, Line 5d.
- **Line 2b. Assignee In Care Of:** Enter the name of the entity or individual to which the payment should be sent "In Care Of" when mailed, if applicable.
- **Line 2c. Assignee Attention:** Enter the name of the entity or individual to which the payment should be sent to the "Attention of" when mailed, if applicable.
- **Line 2d. Assignee Mailing Address:** Enter the Mailing Address (Number and Street or PO Box) of the Assignee for where the reimbursement payment is to be mailed.
- **Line 2e. Assignee Mailing Address 2:** Enter the Suite #, Floor #, Building #, etc. associated with the Mailing Address for the Assignee, if applicable.
- Line 2f. Assignee Mailing City: Enter the City associated with the Assignee Mailing Address.
- Line 2g. Assignee Mailing State: Enter the State associated with the Assignee Mailing Address.
- **Line 2h. Assignee Mailing Zip Code +4:** Enter the Zip Code associated with the Assignee Mailing Address. Include the +4 zip if known.

#### STEP 5: COMPLETE EITHER FORM 2a OR FORM 2b

Form 2a will be used for Replacement Activities and Form 2b for Repower Activities. Only the ERIG and Rebate Grant Programs have Repower Activities.

A separate Form 2a <u>or</u> 2b must be completed for EACH activity for which reimbursement is being requested.

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 4)

#### INSTRUCTIONS FOR FORM 2a (see page 6 of the instructions for Form 2b instructions):

**Line 1. TCEQ CONTRACT #:** Enter the contract number indicated on Form 1, Line 1.

Line 2. Performing Party Name: Enter the name of the contract Performing Party as indicated on Form 1, Line 2.

**Line 3. Activity** # **Associated with this Form 2a:** Identify the Activity # (using a 3-digit format, i.e. 001, 012, etc.) of the specific vehicle or equipment that is being replaced and for which reimbursement is being requested as part of this RFR. You must complete a separate Form 2a for EACH activity.

**Line 4. Approved Grant Amount for this Activity:** Enter the grant amount for this activity as indicated in the contract Scope of Work. Be sure to take into account any Amendments that may have been executed for this activity.

**Line 5: Incremental Cost Calculation (lines 5a - 5f):** These lines will identify and calculate both the Incremental Cost of the new activity and the Eligible Reimbursable Amount for this specific activity.

Line 5a. New Vehicle/Equipment Reimbursable Costs: Enter the total invoiced price of the new vehicle/equipment including taxes, title and registration fees (if applicable), dump bed (for a dump truck activity), garbage/refuse attachment (for garbage/refuse activities), mixer attachment (for cement/mixer activities), etc. and other potential allowable costs. DO NOT include any unallowable costs such as loan, document, financing or consulting fees, interest expense, optional equipment and/or attachments, ag tractor attachments, etc. Submit itemized invoices for all vehicles and/or equipment and all related allowable components/attachments. Should you have any questions regarding costs that may or may not be reimbursable, please call us at 1-800-919-TERP (8377).

Line 5b. GPS Equipment and Installation Costs: If your contract requires GPS or if you voluntarily install GPS service acquired from the TCEQ approved vendor, the GPS equipment purchase price, installation costs, the related freight and all associated taxes are reimbursable. The annual monitoring, operational and maintenance charges/fees are NOT reimbursable. Enter the total amount, per the invoice, of the costs that are identified as reimbursable. Again, the GPS unit must be a requirement of the contract, or added voluntarily AND must have been purchased from the vendor authorized and contracted by the TCEQ for the TERP Grant Programs. The related itemized invoice and proof of payment must be submitted.

**Line 5c. Scrap Value:** The default scrap value for Replacement Activities is \$1,000.00. Enter \$1,000.00 or the actual amount that was received in conjunction with the old vehicle/equipment. Any amount entered other than \$1,000.00 must be fully documented and supported with submitted receipts.

Line 5d. Other Financial Incentives Received or to be Received: List any other financial incentives received - or that are expected to be received - in connection with the purchase or lease of the new vehicle/equipment. For example: tax credits or deductions, other grants, or any public, private, or governmental - state or federal - financial incentives. Explain in detail and provide supporting documentation. The incremental cost will be reduced by the value of any other financial incentives received.

**Line 5e. Incremental Cost Calculation:** Enter the amount obtained by adding the amounts on Lines 5a and 5b, and then subtracting the amounts on Lines 5c and 5d.

**Line 5f. Eligible Reimbursable Amount Calculation:** Enter the amount obtained when you multiply Line 5e by 80% (Round down to the nearest penny).

**Line 6. Actual Amount to be Reimbursed for this Activity:** Enter the lesser amount of Line 4 (the Approved Grant Amount for this Activity) or Line 5f (the Eligible Reimbursable Amount). You will not be reimbursed more than either: 80% of the calculated Incremental Cost OR the Approved Grant Amount (after any applicable amendments) for the activity. You are eligible for reimbursement for the lesser amount of Line 4 or Line 5f.

**Lines 7 - 7c. Supporting Documentation:** Copies of all of the following applicable information and supporting documentation MUST be submitted: itemized invoices, bills of sale, purchase orders or delivery receipts with proof of payment for EACH. Proof of Payment consists of copies of the front and back of cancelled checks, wire transfers, cashier's checks, ACH, credit card receipts and statements, bank statements, executed (signed by both parties) lease and/or finance agreements, details and specifications on trade-in vehicles/equipment, and related UCC filing statements (if applicable). Place an X in one or more of the boxes for Lines 7a - 7c to indicate the supporting documentation submitted. At least two of the three boxes, if not all three boxes, will be checked on every RFR. **Line 7a. Proof of Purchase:** Place an X in this box if one or more of the following are being submitted: invoices, bills of sale, purchase orders, etc. This box should ALWAYS be checked.

#### INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 5)

The instructions for Form 2a continue below...

**Line 7b. Proof of Payment:** Place an X in this box if one or more of the following is being submitted: copy of cancelled checks (front and back), copy of a wire transfer, copy of a cashier's check, copy of documentation of an ACH or equivalent, copy of a credit card statement, copy of a bank statement, etc.

**Line 7c. Proof of Finance/Lease/Trade-in:** Place an X in this box if one or more of the following is being submitted: copy of all pages of a finance, loan or lease agreement, specifications of the vehicle/equipment and related engine associated with a trade-in vehicle/equipment, etc.

**PLEASE NOTE:** Capital and/or Finance Leases (leases that contain a <u>binding</u> commitment to purchase the vehicle/equipment at the end of the lease term) are acceptable. Operational Leases (leases that are for a set term (period of time) and/or contain only an <u>option</u> to purchase the vehicle/equipment) are not acceptable UNLESS the lease term (period of time) is equal to or greater than the Activity Life for that specific Activity (refer to the contract Scope of Work).

REMINDER: When some form of a loan, financing or a lease is involved with the purchase of the new vehicle/equipment, the grant funds must be Assigned and paid directly to the entity that provided the financial assistance. Additionally, grant funds that are Assigned and paid directly to the loan, financing or leasing entity, must be used strictly to pay down the loan principal or lease basis. Grant funds cannot be used to pay interest, fees, or any other loan/financing/leasing fees or charges. Please refer to Line 5 on Form 1a: Assignment.

NOTE: A REIMBURSEMENT REQUEST CANNOT BE FULLY PROCESSED, AND REIMBURSEMENT CANNOT BE ISSUED UNTIL THE NEW EQUIPMENT/VEHICLE HAS BEEN DELIVERED, POSSESSION TAKEN BY THE GRANTEE AND ALL REQUIRED AND REQUESTED DOCUMENTATION HAS BEEN SUBMITTED, REVIEWED, AND APPROVED.

**Line 8. New Vehicle/Equipment and New Engine Information:** On Lines 8a - 8i, enter the requested information related to the New vehicle/equipment and the New engine installed in the New vehicle/equipment.

Line 8a. New Vehicle/Equipment Model Year: Enter the New Vehicle/Equipment Model Year.

**Line 8b. New Vehicle/Equipment Manufacturer:** Enter the name of the New Vehicle/Equipment Manufacturer.

Line 8c. New Vehicle/Equipment Model: Enter the New Vehicle/Equipment Model Name or Number.

**Line 8d. New Vehicle/Equipment VIN or SERIAL** #: Enter the New Vehicle/Equipment Vehicle Identification Number (VIN) or Serial #.

**Line 8e. New Engine Manufacture Year:** Enter the year the New Engine was Manufactured. The Manufacture Year is not necessarily the same as the engine Emission Year, although it can be. This information will be provided on one of the color photos that must be submitted.

**Line 8f. New Engine Manufacturer:** Enter the name of the New Engine Manufacturer. This information should be provided on one of the color photos that must be submitted.

**Line 8g. New Engine Model:** Enter the New Engine Model Name or Number. This information will be provided on one of the color photos that must be submitted.

**Line 8h.** New Engine Serial #: Enter the Serial # of the New Engine. This information will be provided on one of the color photos that must be submitted.

**Line 8i. New Engine-Family Code (EFC):** Enter the 12-character alphanumeric code found on the engine plate of the New Engine. This information will be provided on one of the color photos that must be submitted.

**Line 9. Date of Possession of New Vehicle/Equipment by Performing Party:** Enter the date (mm/dd/yyyy) that the Performing Party took possession of the New Vehicle/Equipment. The New Vehicle/Equipment must have been delivered, and the Performing Party must have taken possession of the New Vehicle/Equipment prior to requesting reimbursement.

END OF THE INSTRUCTIONS FOR FORM 2a

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 6)

INSTRUCTIONS FOR FORM 2b [NOTE: Only the ERIG and Rebate Grant Programs have Repower Activities] (see page 4 of the instructions for Form 2a instructions):

- **Line 1. TCEQ CONTRACT #:** Enter the contract number indicated on Form 1, Line 1.
- **Line 2. Performing Party Name:** Enter the name of the Performing Party as indicated on Form 1, Line 2.
- **Line 3. Activity** # **Associated with this Form 2b:** Identify the Activity # (using a 3-digit format, i.e. 001, 012, etc.) of the specific vehicle/equipment that is being Repowered and for which reimbursement is being requested as part of this RFR. You must complete a separate Form 2b for EACH Repower activity.
- **Line 4. Approved Grant Amount for this Activity:** Enter the grant amount for this activity as indicated in the contract Scope of Work. Be sure to take into account any Amendments that may have been executed for this Repower activity.
- **Line 5: Incremental Cost Calculation (lines 5a 5i):** These lines will identify and calculate both the Incremental Cost of the Repower Activity and the Eligible Reimbursable Amount for this specific Repower Activity. Use the final invoice(s)/sales receipt(s) to identify the allowable reimbursable costs to be entered on Lines 5a 5f. Remember that the Repower must be complete and the Old Vehicle/Equipment, now with a New Engine, must be operational and placed back in service before reimbursement can be requested.
- Line 5a. New Engine Reimbursable Costs: Enter the total invoiced price of the New Engine including taxes, delivery, duty, protective in-transit insurance, and freight and delivery charges. Loan fees, interest, consulting fees or any financing related costs are not allowable. Other non-allowable costs include: in-house labor and travel, expenses not directly related to the purchase and installation of the new engine, ancillary repair and rebuild costs, long-term operational, maintenance or repair costs. Submit itemized invoices for all related costs. Should you have any questions regarding costs that may or may not be reimbursable, please call us at 1-800-919-TERP (8377).
- **Line 5b. Additional Equipment:** Enter the invoiced cost of Additional Equipment necessary to install the New Engine, or required to be installed on the engine in order to complete the Repower. Each item should have an itemized invoice indicating an acquisition cost of \$5000 or more.
- **Line 5c. Installation:** Enter the Installation Costs, including the cost to remove and dispose of the old engine. Installation costs may include costs to re-engineer the vehicle/equipment for the new engine to fit as well as costs associated with technical design, testing, and other engineering services required as part of the installation work.
- **Line 5d. Parts and Supplies:** Enter the invoiced cost of additional Parts and Supplies not included as part of the Engine Cost or Additional Equipment Costs, that had an acquisition cost of less than \$5,000 per item and that were necessary for the Repower.
- Line 5e. GPS Equipment and Installation Costs: If your contract requires GPS or if you voluntarily install GPS service acquired from the TCEQ approved vendor, the GPS equipment purchase price, installation costs, the related freight and all associated taxes are reimbursable. The annual monitoring, operational and maintenance charges/fees are NOT reimbursable. Enter the total amount, per the invoice, of the costs that are identified as reimbursable. Again, the GPS unit must be a requirement of the contract, or added voluntarily AND must have been purchased from the vendor authorized and contracted by the TCEQ for the TERP Grant Programs. The related itemized invoice and proof of payment must be submitted.
- **Line 5f. Scrap Value:** The default scrap value for Repower Activities is \$200.00. Enter \$200.00 or the actual amount that was received in conjunction with the Old Vehicle/Equipment. Any amount entered other than \$200.00 must be fully documented and supported with submitted receipts.
- Line 5g. Other Financial Incentives Received or to be Received: List any other financial incentives received in connection with the Repower project. For example: tax credits or deductions, other grants, or any public, private, or governmental state or federal financial incentives. Explain in detail and provide supporting documentation. The incremental cost will be reduced by the value of any other financial incentives received.
- **Line 5h. Incremental Cost Calculation:** Enter the amount obtained by adding the amounts on Lines 5a, 5b, 5c, 5d, and 5e, and then subtracting the amounts on Lines 5f and 5g. This total is the Incremental Cost for this Repower project.
- **Line 5i. Eligible Reimbursable Amount Calculation:** Enter the amount obtained when you multiply the amount on Line 5h by 80% (Round down to the nearest penny).

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 7)

The instructions for Form 2b continue below...

**Line 6.** Actual Amount to be Reimbursed for this Activity: Enter the lesser amount of Line 4 (the Approved Grant Amount for this Activity) or Line 5i (the Eligible Reimbursable Amount). You will not be reimbursed more than either: 80% of the calculated Incremental Cost OR the Approved Grant Amount (after any applicable amendments) for the Repower activity. You are eligible for reimbursement for the lesser amount of Line 4 or Line 5i.

**Lines 7 - 7c. Supporting Documentation:** Copies of all of the following applicable information and supporting documentation MUST be submitted: itemized invoices, bills of sale, purchase orders or delivery receipts with proof of payment for EACH. Proof of Payment consists of copies of the front and back of cancelled checks, wire transfers, cashier's checks, ACH, credit card receipts and statements, bank statements, executed (signed by both parties) lease and/or finance agreements, details and specifications on trade-in vehicles/equipment, and related UCC filing statements (if applicable). Place an X in one or more of the boxes for Lines 7a - 7c to indicate the supporting documentation submitted. At least two of the three boxes, if not all three boxes, will be checked on every RFR.

**Line 7a. Proof of Purchase:** Place an X in this box if one or more of the following are being submitted: invoices, bills of sale, purchase orders, etc. This box should ALWAYS be checked.

**Line 7b. Proof of Payment:** Place an X in this box if one or more of the following is being submitted: copy of cancelled checks (front and back), copy of a wire transfer, copy of a cashier's check, copy of documentation of an ACH or equivalent, copy of a credit card statement, copy of a bank statement, etc.

**Line 7c. Proof of Finance/Lease/Trade-in:** Place an X in this box if one or more of the following is being submitted: copy of all pages of a finance, loan or lease agreement, specifications of the vehicle/equipment and related engine associated with a trade-in vehicle/equipment, etc.

**PLEASE NOTE:** Capital and/or Finance Leases (leases that contain a <u>binding</u> commitment to purchase the vehicle/equipment with the Repower engine, the purchase of the engine itself, or a portion of the Repower Project, at the end of the lease term) are acceptable. Operational Leases (leases that are either for a set term (period of time) and/or contain only an <u>option</u> to purchase the Leased vehicle/equipment/engine/Project) are not acceptable UNLESS the lease term (period of time) is equal to or greater than the Activity Life for that specific activity (refer to the contract Scope of Work).

REMINDER: When some form of a loan, financing or a lease is involved with the purchase of the Repower engine or completion of the Repower project, the grant funds must be Assigned and paid directly to the entity that provided that financial assistance. Additionally, grant funds that are Assigned and paid directly to the loan, financing or leasing entity, must be used strictly to pay down the loan principal or lease basis. Grant funds cannot be used to pay interest, fees, or any other loan/financing/leasing fees or charges. Please refer to Line 5 on Form 1a: Assignment.

NOTE: A REIMBURSEMENT REQUEST CANNOT BE FULLY PROCESSED AND REIMBURSEMENT CANNOT BE ISSUED UNTIL THE REPOWER IS COMPLETE WITH THE NEW ENGINE INSTALLED, THE REPOWERED VEHICLE/EQUIPMENT IS FULLY OPERATIONAL AND HAS BEEN PLACED BACK INTO SERVICE, AND ALL REQUIRED AND REQUESTED DOCUMENTATION HAS BEEN SUBMITTED, REVIEWED, AND APPROVED.

**Line 8. Old Vehicle/Equipment and New Engine Information:** On Lines 8a - 8i, enter the requested information related to the <u>old</u> vehicle/equipment that has been Repowered, and the New Engine installed in the old vehicle/equipment.

**Line 8a. Old Vehicle/Equipment Model Year:** Enter the Model Year of the vehicle/equipment that is being Repowered.

**Line 8b. Old Vehicle/Equipment Manufacturer:** Enter the name of the Manufacturer of the vehicle/equipment that is being Repowered.

**Line 8c. Old Vehicle/Equipment Model:** Enter the Model Name or # of the vehicle/equipment that is being Repowered.

**Line 8d. Old vehicle/Equipment VIN or SERIAL** #: Enter the Identification # (VIN) or Serial # of the vehicle/equipment that is being Repowered.

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS (pg 8)

The instructions for Form 2b continue below...

**Line 8e. New Engine Manufacture Year:** Enter the year in which the New Engine was Manufactured. The Manufacture Year is not necessarily the same as the Engine Emission Year, although it can be. This information will be provided on one of the color photos that must be submitted.

**Line 8f. New Engine Manufacturer:** Enter the name of the New Engine Manufacturer. This information should be provided on one of the color photos that must be submitted.

**Line 8g. New Engine Model:** Enter the New Engine Model Name or Number. This information will be provided on one of the color photos that must be submitted.

**Line 8h.** New Engine Serial #: Enter the Serial # of the New Engine. This information will be provided on one of the color photos that must be submitted.

**Line 8i. New Engine-Family Code (EFC):** Enter the 12-character alphanumeric code found on the engine plate of the New Engine. This information will be provided on one of the color photos that must be submitted.

**Line 9. Date the Repowered Vehicle/Equipment was Placed Back in Service:** Enter the date (mm/dd/yyyy) that the Repowered vehicle/equipment was placed back into service. This means that the Repower is complete, the New Engine is installed in the old vehicle/equipment, the vehicle/equipment is fully operational and the old vehicle/equipment is being used for its intended purpose on a regular basis.

END OF THE INSTRUCTIONS FOR FORM 2b.

#### STEP 6: TAKE THE COLOR PHOTOS

Please refer to the separate page "Color Photo Requirements" for the details regarding the required photos.

#### STEP 7: SUBMIT THE COMPLETED RFR PACKET

Please refer to the separate page "Mailing/Delivery Instructions" for the addresses and appropriate related information regarding the submission of a completed RFR packet.

REMINDER: REGARDLESS OF THE TYPE OF PROJECT - REPLACEMENT OR REPOWER - WE CANNOT REVIEW AND PROCESS A REIMBURSEMENT REQUEST, AND ISSUE THE REIMBURSEMENT, UNTIL ALL OF THE REQUIRED AND REQUESTED DOCUMENTATION HAS BEEN SUBMITTED, REVIEWED, AND APPROVED. THIS INCLUDES THE COLOR PHOTOS.

QUESTIONS? Should you ever have any questions regarding any portion of the Request for Reimbursement (RFR) process or any of the Forms, please do not hesitate to contact a member of the Fiscal Team at 1-800-919-TERP (8377).

For your convenience, these Forms are also available electronically on our website at: www.terpgrants.org

END OF THE INSTRUCTIONS.

NOTE: WHEN COMPLETING A RFR, ALWAYS USE A NEW SET OF THE FORMS THAT ARE AVAILABLE ON THE WEBSITE AT WWW.TERPGRANTS.ORG AS THEY ARE THE MOST CURRENT VERSION.

- 1. Contracts for the ERIG, Clean Fleet, and Drayage Grant Programs may consist of multiple Activities.
- 1a. A separate Form 2a or Form 2b is required for EACH activity.
- 1b. On Contracts with multiple Activities, Reimbursement may be submitted for ALL of the Activities on a Contract at one time with just one RFR. Remember that a separate Form 2a or Form 2b is required for each Activity.
- 1c. On Contracts with multiple Activities, Reimbursement may be submitted for each Activity on the Contract separately. Also, Activities can be requested in any order (i.e. Activity 003 can be requested before Activity 001, etc.). Remember that a separate Form 2a or Form 2b is required for each Activity.
- 2. ALL Rebate Contracts will ALWAYS be for only one Activity.
- 3. Only ERIG and Rebate Contracts may involve Repower Activities.
- 4. ALL Clean Fleet and Drayage Contracts will involve ONLY Replacement Activities.
- 5. For ERIG, Rebate and Drayage Contracts, the Activities may be On-Road or Non-Road.
- 6. For ALL Clean Fleet Contracts, ALL Activities will be On-Road.
- 7. For ERIG, Rebate and Drayage Contracts, the related Activities may be either NEW vehicles/equipment or USED vehicles/equipment.
- 8. For ALL Clean Fleet Contracts, ALL Activities must be NEW vehicles with NEW engines.
- 9. Beginning in April, 2017, color photos are required and are to be submitted with EACH Request for Reimbursement (RFR) for every Grant Program.

For your convenience and ease of completion, the current electronic version of these Forms and Instructions are on our website at:

www.terpgrants.org

Questions? Please call 1-800-TERP (8377).

## TEXAS EMISSIONS REDUCTION PLAN (TERP) COLOR PHOTO REQUIREMENTS FOR ALL TERP GRANT PROGRAMS

The following color photos must be provided as part of the required supporting documentation for each Request for Reimbursement (RFR) that is submitted. Each contract Activity for which a RFR is submitted, must be supported with each of the photo requirements. Please label each photo with the appropriate 3-digit Activity # (e.g., 001, 002, 007, etc.). All of the photos identified MUST be submitted prior to the RFR being reviewed, processed and approved for reimbursement. Remember, ALL photos need to be in color, be clear, high quality and all information contained in a photo must be readable.

NOTE: Photos are required for every grant program except for AFFP, CTT and Clean School Bus.

#### REPLACEMENT ACTIVITIES:

1. One side-view photo showing the entire new vehicle/equipment: including both front to back and top to bottom, with the tires of each permanent axle touching the ground (the floating-axle(s), if included as part of the vehicle, do not have to be touching the ground). The entire vehicle/equipment should be shown in one single view.

#### **AND**

2. A clear, readable view of the entire New Engine plate(s) that clearly identifies all of the following: a) the Engine Manufacture Year, b) the Engine Manufacturer, c) the Engine Model, d) the Engine Serial #, and e) the Engine-Family Code (EFC). This may require more than one photo as, depending on the engine manufacturer, there may be more than one engine plate. Make sure to provide a clear, readable photo for EACH engine plate.

#### OR

#### **REPOWER ACTIVITIES:**

1. A clear, readable view, from at least two (2) different angles, of the NEW Engine installed in the OLD vehicle/equipment.

#### **AND**

2. A clear, readable view of the entire new engine plate(s) that clearly identifies all of the following: a) the Engine Manufacture Year, b) the Engine Manufacturer, c) the Engine Model, d) the Engine Serial #, and e) the Engine-Family Code (EFC). This may require more than one photo as, depending on the engine manufacturer, there may be more than one engine plate. Make sure to provide a clear, readable photo for EACH engine plate.

REMINDER: WE CANNOT PROCESS A PAYMENT REQUEST UNTIL ALL OF THE REQUIRED DOCUMENTATION - INCLUDING ALL PHOTOS - HAS BEEN SUBMITTED AND APPROVED.

Ouestions? Please Call 1-800-919-TERP (8377)

## TEXAS EMISSIONS REDUCTION PLAN (TERP) MAILING/DELIVERY INSTRUCTIONS FOR ALL TERP GRANT PROGRAMS

To submit a Request for Reimbursement (RFR), mail or deliver all of the completed forms and required documentation, including the color photos, to the appropriate address below. On Forms 1 and 1a, make sure that all applicable signature lines contain original signatures, in blue ink.

It is <u>VERY IMPORTANT</u> that all of the information listed below be included on your mailing label and/or envelope to ensure the RFR arrives at the correct location and office.

#### Standard Mail (USPS)

Texas Commission on Environmental Quality

Air Quality Division

Implementation Grants Section, MC-204

ATTN: Reimbursement

P.O. Box 13087

Austin, TX 78711-3087

#### Express Delivery (i.e. FedEx, DHL, or other overnight service)

Texas Commission on Environmental Quality

Air Quality Division

Implementation Grants Section, MC-204

ATTN: Reimbursement

12100 Park 35 Circle, Building F

Austin, TX 78753

#### **Hand Delivery**

Texas Commission on Environmental Quality

Implementation Grants Section - TERP

12100 Park 35 Circle

Building F, 1st Floor, Suite 1301

Austin, TX

ATTN: Reimbursement

Questions? Please call 1-800-919-TERP (8377)